

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA

IN RE:

JOHN CRAIG BROWN
CATHERINE HIGHBAUGH BROWN
3817 ROLLING ROAD
HIGH POINT, NC 27265CASE NO. 20-10372
JUDGE BENJAMIN A. KAHN

DEBTORS

SSN(1) XXX-XX-4560

SSN(2) XXX-XX-8760

DATE: 12/31/2020

REPORT OF FILED CLAIMS

Pursuant to 11 U.S.C. §704(5), the trustee has examined the proofs of claims filed in this case and objected to the allowance of such claims as appeared to be improper except where no purpose would have been served by such objection. After such examination and objections, if any, the trustee states that claims should be deemed allowed or “not filed” as indicated below.

NAME & ADDRESS OF CREDITOR	AMOUNT	CLASSIFICATION
ALFRED R & SHIRLEY G BROWN 3815 ROLLING RD HIGH POINT, NC 27265	\$40,857.17 INT: .00% NAME ID: 182187 CLAIM #: 0009	(U) UNSECURED ACCT: 6399 COMMENT: 1020OR,620A
BANK OF NORTH CAROLINA P O BOX 1148 THOMASVILLE, NC 27361-1148	\$0.00 INT: .00% NAME ID: 9906 CLAIM #: 0010	(U) UNSECURED NOT FILED ACCT: COMMENT:
CAROLINA ANESTHESIOLOGY P O BOX 2168 HIGH POINT, NC 27261-2168	\$0.00 INT: .00% NAME ID: 8256 CLAIM #: 0011	(U) UNSECURED NOT FILED ACCT: COMMENT:
CREDIT ONE BANK P O BOX 98873 LAS VEGAS, NV 89193	\$0.00 INT: .00% NAME ID: 44483 CLAIM #: 0012	(U) UNSECURED NOT FILED ACCT: 0454 COMMENT:
GUILFORD CO REGISTER OF DEEDS P O BOX 3427 GREENSBORO, NC 27402	\$52.00 INT: .00% NAME ID: 1159 CLAIM #: 0023	(Z) SPECIAL COST ITEM ACCT: COMMENT:
GUILFORD CO TAX DEPT P O BOX 3328 GREENSBORO, NC 27402	\$0.00 INT: .00% NAME ID: 10590 CLAIM #: 0013	(U) UNSECURED NOT FILED ACCT: 13TX COMMENT:
GUILFORD COUNTY TAX P O BOX 3138 GREENSBORO, NC 27402	\$71.49 INT: .00% NAME ID: 119336 CLAIM #: 0001	(U) UNSECURED ACCT: 4560 COMMENT:
INTERNAL REVENUE SERVICE P O BOX 7317 PHILADELPHIA, PA 19101-7317	\$1,607.72 INT: .00% NAME ID: 123769 CLAIM #: 0002	(P) PRIORITY ACCT: 18TX COMMENT: OC,620A, 720A

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NAME & ADDRESS OF CREDITOR	AMOUNT	CLASSIFICATION
INTERNAL REVENUE SERVICE P O BOX 7317 PHILADELPHIA, PA 19101-7317	\$487.35 INT: .00% NAME ID: 123769 CLAIM #: 0007	(U) UNSECURED ACCT: 15TX COMMENT: 620A, 720A
MERRICK BANK P O BOX 9201 OLD BETHPAGE, NY 11804	\$0.00 INT: .00% NAME ID: 5146 CLAIM #: 0014	(U) UNSECURED NOT FILED ACCT: 7381 COMMENT:
MIDLAND FUNDING LLC P O BOX 2011 WARREN, MI 48090	\$0.00 INT: .00% NAME ID: 156645 CLAIM #: 0015	(U) UNSECURED NOT FILED ACCT: 8162 COMMENT:
N C DEPARTMENT OF REVENUE BANKRUPTCY UNIT P O BOX 1168 RALEIGH, NC 27602-1168	\$456.26 INT: .00% NAME ID: 9699 CLAIM #: 0003	(P) PRIORITY ACCT: 15TX COMMENT: OC
N C DEPARTMENT OF REVENUE BANKRUPTCY UNIT P O BOX 1168 RALEIGH, NC 27602-1168	\$363.78 INT: .00% NAME ID: 9699 CLAIM #: 0008	(U) UNSECURED ACCT: 15TX COMMENT:
NELNET ON BEHALF OF US DEPT OF EDUCATION 121 S 13TH ST STE 201 LINCOLN, NE 68508	\$0.00 INT: .00% NAME ID: 157655 CLAIM #: 0016	(U) UNSECURED NOT FILED ACCT: 3719 COMMENT:
NORTH STATE PATHOLOGY P O BOX 49009 GREENWOOD, SC 29649	\$0.00 INT: .00% NAME ID: 168462 CLAIM #: 0017	(U) UNSECURED NOT FILED ACCT: COMMENT:
ONEMAIN FINANCIAL GROUP LLC P O BOX 3251 EVANSVILLE, IN 47731-3251	\$11,953.60 INT: .00% NAME ID: 162216 CLAIM #: 0018	(U) UNSECURED ACCT: 0648 COMMENT:
PIEDMONT TAX CLINIC INC 2200 SILAS CREEK PKWY STE 3A WINSTON SALEM, NC 27103	\$1,200.00 INT: .00% NAME ID: 178474 CLAIM #: 0024	(E) POST PET/ADMIN (NON TAX) ACCT: 1040 COMMENT: 520OR
PINNACLE BANK 150 3RD AVE SOUTH STE 900 NASHVILLE, TN 37201	\$337.88 INT: .00% NAME ID: 168930 CLAIM #: 0022	(U) UNSECURED ACCT: 5010 COMMENT:
PORTFOLIO RECOVERY ASSOC LLC P O BOX 12914 NORFOLK, VA 23541	\$109.57 INT: .00% NAME ID: 68146 CLAIM #: 0019	(U) UNSECURED ACCT: 5350 COMMENT:
SYNCHRONY BANK P O BOX 965060 ORLANDO, FL 32896	\$0.00 INT: .00% NAME ID: 149787 CLAIM #: 0020	(U) UNSECURED NOT FILED ACCT: 0648 COMMENT: STEINMART

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NAME & ADDRESS OF CREDITOR	AMOUNT	CLASSIFICATION
WAKE FOREST BAPTIST HEALTH NC BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	\$52.60 INT: .00% NAME ID: 152592 CLAIM #: 0021	(U) UNSECURED ACCT: 8760 COMMENT:
WELLS FARGO BANK NA SELECT PORTFOLIO SERVICING INC ATTN REMITTANCE PROCESSING P O BOX 65450 SALT LAKE CITY, UT 84165-0450	MONTHLY PMT \$605.72 INT: .00% NAME ID: 158487 CLAIM #: 0004	(H) ONGOING-SECURED ACCT: 8436 COMMENT: DT,RE RP,CTD,EFF SEPT20
WELLS FARGO BANK NA SELECT PORTFOLIO SERVICING INC ATTN REMITTANCE PROCESSING P O BOX 65450 SALT LAKE CITY, UT 84165-0450	\$2,422.88 INT: .00% NAME ID: 158487 CLAIM #: 0005	(H1) POST-PETITION ARREARAGE-SECURE ACCT: 8436 COMMENT: ARR,MAY THRU AUG20
WELLS FARGO BANK NA SELECT PORTFOLIO SERVICING INC ATTN REMITTANCE PROCESSING P O BOX 65450 SALT LAKE CITY, UT 84165-0450	\$768.24 INT: .00% NAME ID: 158487 CLAIM #: 0006	(H3) PRE-PETITION ARREARAGE-SECURED ACCT: 8436 COMMENT: ARR THRU APR20
TOTAL:	\$61,346.26	
WENDELL WES SCHOLLANDER III ESQ 514 S STRATFORD RD STE 317 WINSTON SALEM, NC 27103	\$4,650.00	ATTORNEY FEE

ANITA JO KINLAW TROXLER,
TRUSTEE
500 W FRIENDLY AVE STE 200
P O BOX 1720
GREENSBORO, NC 27402-1720

NOTICE OF FILING OF REPORT OF FILED CLAIMS

The foregoing Report of Filed Claims has been filed with the Bankruptcy Court based on an audit of claims filed in the Trustee's office. The claims are allowed unless objection is made by the Debtors or other party in interest.

Any objection to a claim should be filed in writing with the Bankruptcy Court at the address below and a copy must be served on the Trustee:

Clerk, U.S. Bankruptcy Court
101 S. Edgeworth Street
P.O. Box 26100
Greensboro, NC 27420-6100

If an objection is filed, a hearing will be scheduled before the Court. The Trustee will continue making disbursements on the claims unless an objection is filed.

Date: 12/31/2020

OFFICE OF THE CHAPTER 13 TRUSTEE

By: /s/ Gayle McFarland
Clerk
Chapter 13 Office
500 W FRIENDLY AVE STE 200
P O BOX 1720
GREENSBORO, NC 27402-1720

cc: Debtors
Attorney for Debtors - Electronic Notice